

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works

MONTHLY ESTIMATE

RECEIVED - DAGS
DIV. OF PUBLIC WORKS

FOR THE MONTH OF

DECEMBER 2014

2015 JAN 23 PM 1:59

Date: December 31, 2014

CONTRACTOR: **DIVERSIFIED PLUMBING & A/C**ADDRESS: **PO BOX 37124**City, State ZIP: **HONOLULU, HAWAII 96837**PROJECT TITLE: **HAWAII STATE HOSPITAL, BUILDINGS E, F, H & I - HOT WATER SYSTEM RETROFIT****CONTRACT**Basic Contract Amount \$ **256,789.00**Contract No. **57973** [✓]DAGS Job No. **12-20-2618****FOR INSPECTION BRANCH USE**

[] SUBMITTAL REGISTER [] COMMENCEMENT REQUIREMENTS

DUE MONTHLY:

[] PROJECT SCHEDULE

[✓] PAYROLL AFFIDAVITS

MONTHLY ESTIMATE CHECKLIST[✓] PROJECT NAME AND LOCATION [✓] CONTRACT NUMBER
[] AS NEED - WASTE REDUCTION PROGRESS REPORT [✓] ALL SIGNATURES**SPECIALTY / MISC:**

[] AIR CONDITION ACCEPTANCE [] PAINT ACCEPTANCE

CHANGE ORDERSTotal \$ **46,000.00**Adjusted Contract Amount \$ **302,789.00****WORK ACCOMPLISHED****Basic Contract****Change Order****Total**Completed to Date 100.00% \$ **256,789.00**100.00% \$ **46,000.00** \$ **302,789.00**Retained **REDUCED []** \$ **7,702.00**\$ **1,380.00** \$ **9,082.00**Amount Subject to Payment \$ **249,087.00**\$ **44,620.00** \$ **293,707.00**Payments to Date \$ **207,359.00**\$ **37,145.00** \$ **244,504.00**Payments Now Due \$ **41,728.00**\$ **7,475.00** \$ **49,203.00**Payment No. **FINAL []** **3**

Remarks: For projects already Accepted and/or Completed, delete Statement Of Contract Time and add...

FOR OFFICE USE ONLY

[✓] Project Acceptance Date

[✓] Project Completion Date

JANUARY 13, 2015
JANUARY 13, 2015

1. Computed and Checked by:

 **FEB 3 2015**

3. Recommended: Project Inspector or Engineer

Date:

 **FEB 3 2015**

4. Recommended: Area Engineer/Architect

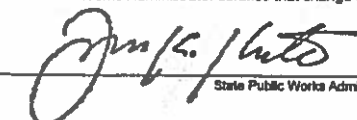
Date:

 **FEB 3 2015**

5. Approved: Branch Chief or District Engineer

Date:

The Public Works Administrator certifies that change orders have been issued and the work performed.

 **FEB 04 2015**
State Public Works Administrator

2. I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have been made to this request; and least 80% of our workforce resides in Hawaii. [✓] As a preferred contractor, I have submitted all apprenticeship approval forms.

NOT
APPLICABLE

DIVERSIFIED PLUMBING & AIR CONDITIONING

Name of Contractor

 **1/16/2015**
By signature / Title: **Owner** Date

BASIC CONTRACT - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works

For the Month of: DECEMBER 2014

CONTRACTOR: DIVERSIFIED PLUMBING & A/C Contract No.: 57973
PROJECT TITLE: HAWAII STATE HOSPITAL, BUILDINGS E, F, H & I - HOT DAGS Job No.: 12-20-2618

CLOSED	PRIME CONTRACTOR	TRADE	LICENSE NO.	BASIC CONTRACT	COMPL	% Cmpl	RETN %	CONTRACT
				AMOUNT	TO DATE			AMOUNT
	DIVERSIFIED PLUMBING & A	General Contractor	ABC-23456	\$211,235	\$211,235	100.00%	3%	\$6,337 A

SUBCONTRACTOR	TRADE	LICENSE NO.	BASIC SUB-CONTRACT AMOUNT	COMPL. TO DATE	% CMPL	RETN %	SUB-CONTRACT AMOUNT RETAINED
FOXBIT	ELECTRICAL	C-56789	\$28,888	\$28,888	100.00%	3%	\$868
ACUTRON	INSULATION	C-7885	\$18,668	\$18,668	100.00%	3%	\$499
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
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					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
Total Retained from Subs			\$45,554	\$45,554			\$1,365

	\$256,789	\$256,789
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BASIC CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)	\$7,702
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I certify that the above retentions are correct for this request.

Checked/Verified by:

DIVERSIFIED PLUMBING & AIR CONDITIONING

Name of Contractor

By Signature DOUGLAS E. LUIZ II

1/16/2015

Date _____

Initial - Project Inspector or Engineer

NOTE:
Columnar totals shall be equal in dollar value to that on the Monthly Estimate Sheet

CHANGE ORDER - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works

For the Month of: DECEMBER 2014

CONTRACTOR:	DIVERSIFIED PLUMBING & A/C	Contract No.: 57973
PROJECT TITLE:	HAWAII STATE HOSPITAL, BUILDINGS E, F, H & I - HO	DAGS Job No.: 12-20-2618

CLOSED	PRIME CONTRACTOR	TRADE	LICENSE NO.	CHANGE ORDER AMOUNT	COMPL. TO DATE	% CMPL	RETN %	CHANGE ORDER
								AMOUNT RETAINED
	DIVERSIFIED PLUMBING & A	General Contractor	ABC-23456	\$48,000	\$48,000	100.00%	3%	\$1,380

[illegible]

	\$48,000	\$48,000
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CHANGE ORDER CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)	\$1,380
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I certify that the above retentions are correct for this request.

DIVERSIFIED PLUMBING & AIR CONDITIONING

Name of Contractor

By Signature **DOUGLAS E. LUIZ II**

1/18/201

Date: _____

Checked/Verified by:

Initial - Project Inspector or Engineer

NOTE:
Columnar totals shall be equal in dollar value to that on the Monthly Estimate Sheet

PROJECT TITLE: HAWAII STATE HOSPITAL - BUILDINGS, E, F, H, AND I, HOT WATER SYSTEM RETROFIT

CONTRACT NO.: 57973

VENDOR CODE: 25525501

Grand Total:	\$45,418.00	(\$3,785.00)	\$49,203.00
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DATE _____

Verified By

FEB -9 2015